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CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Denise G. Bachtel
(Type or print name of person mailing paper)

Date: August 1, 2005

Denise G. Bachtel
(Signature of person mailing paper)

AVERP3299USA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

| | | | |
|-----------------------|---|------------------|----------------|
| Wayne L. Bilodeau | : | Group Art Unit: | 1771 |
| Serial No: 10/615,808 | : | Examiner: | Anish P. Desai |
| Filed: July 9, 2003 | : | Confirmation No: | 1464 |

For: **LABELING METHOD EMPLOYING
TWO-PART CURABLE ADHESIVES**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

**AMENDMENT AND
RESPONSE TO RESTRICTION REQUIREMENT**

Sir:

This paper is responsive to the Office Action mailed July 6, 2005, for which a one month period of response is given. Please amend the application as follows:

Amendments to the claims are reflected in the listing that begins on page 2.

Response to Restriction Requirement begins on page 12.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/615,808

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 41 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 41 minus 20 = | 21 |
| INDEPENDENT CLAIMS | 3 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

5/16/05

| | (Column 1) | (Column 2) | (Column 3) |
|--|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 42 | 41 | 1 |
| Independent | 3 | 3 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input checked="" type="checkbox"/> | | | |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18= | 375 |
| X84= | |
| +280= | |
| TOTAL | 1128 |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

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| | (Column 1) | (Column 2) | (Column 3) |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 43 | 42 | 1 |
| Independent | 3 | 3 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | 30 |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | 30 |

| | (Column 1) | (Column 2) | (Column 3) |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | | |
| Independent | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.